

MONROE COUNTY
CHILD CARE ASSISTANCE PROGRAM

FAMILY HANDBOOK

May, 2004

CHILD CARE SERVICES
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All information herein is subject to change according to State policies and regulations.

The City of Bloomington does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, ancestry, marital status, sexual orientation, or number of dependents in employment or in provision of services.

The *Monroe County Child Care and Referral Easy Reference Guide* is available on the Internet at <http://www.bloomington.in.gov/cfrd/child-care.php>

If you wish to see if there have been any complaints filed regarding a specific child care provider, the information is available on the Internet at <http://www.in.gov/fssa/carefinder> Click on “Locate Child Care”.

A. CLIENT ELIGIBILITY

1. All families must meet the service need, financial need, residency and age requirements to access CCDF. Families with referrals from the OFC will be given priority.
2. Service eligibility is determined on an individual basis. The family must be residents of Monroe County and have gross monthly income that does not exceed 127% of poverty for a family of the same size. These guidelines can be accessed via the website at www.bloomington.in.gov/cfrd. The family is eligible when the applicant is the parent of a child who resides with them and the child is under the age of 13 (or through age 18 in cases of documented special needs) and child care services are needed in order for the applicant to participate in any of the following:
 - Employment; or
 - A certified or accredited training or education program, including high school, adult basic education, GED, or post-secondary education not to exceed **one** four-year undergraduate degree; or
 - Job search activity, not to exceed 30 days in a six month period, for TANF IMPACT clients only; or
 - TANF IMPACT approved activity.
3. Parent(s) must be employed and/or a student **outside the home**. The number of child care hours must relate to the hours of work and/or school per week. Child care will be authorized for only that number of hours. Correspondence courses do not represent a service need. IMPACT participants must be actively engaged in IMPACT activities.

Parent may not leave their child(ren) at the day care provider unless working, in school, studying (for students only), actively engaged in job search, or unless authorized by our office.
4. The age limitation can be expanded to include children 13-18 who: (1) meet the definition of a special needs child and are incapable of self care, as documented by a professional, or (2) are under court supervision.
5. Families with children with special needs must meet income and service eligibility guidelines. A parent may not self-declare that a child has special needs. Documentation of a child with special needs must be made by evidence of enrollment in one or more of the following programs or services:
 - Children With Special Health Care Services;
 - First Steps Early Intervention System;
 - Public School Special Education;
 - Supplemental Security Income (SSI); or
 - Head Start (those professionally diagnosed children with disabilities)
6. An unemployed parent or guardian may be eligible for child care subsidy. Child care may be available to CCDF eligible parents seeking employment for **a maximum of 30 cumulative days of child care in a six-month period**. The parent is required, as part of the enrollment agreement, to immediately notify our office of any change in their employment status. A parent who loses his/her job must notify our office immediately (**within 10 days**). Failure to notify our office may

result in termination from the program.

7. In a single parent household, CCDF services can be continued when the parent has a medical condition that prevents the parent from working on a temporary basis (less than 12 weeks), providing employment is current, a doctor's statement is provided stating why the parent is unable to care for the child, and the parent's job is assured upon his/her return to work. If the doctor's statement does not indicate that the parent is unable to care for the children, child care assistance may be put on Approved Leave, for a maximum of 12 weeks. Child care assistance will be suspended during the time there is no service need, up to a maximum of 12 weeks.
8. In a two parent household CCDF child care services may be provided to allow the employed parent to continue employment, training or education activities, if the incapacitated parent is unable to care for the child and has a valid medical statement documenting the condition. These situations will be determined on a case-by-case basis and reviewed every three months. Income eligibility guidelines must be applied.
9. CCDF funds can be utilized to serve teenage parents who are in a training/education program and/or employed. When the teenage parent is the applicant for the child care services, the teenage parent and her/his children are considered a family. Teenage parent means a parent under age twenty (20). If a family is terminated because they no longer meet the program requirements, they may reapply after 30 days when their condition changes. The new application does not guarantee that the family will qualify for the program.
10. The sliding fee scale is printed on the preceding page. This table outlines the family weekly fee charge, which is determined by the family gross income and number of people in the family. Family co-payments can range from \$0.00 up to 9% of the family gross income (before taxes). Failure to pay co-pay fees may result in termination from the program.
11. The client must make an appointment and come to our office to recertify eligibility, which must take place at least every 6 months. Clients who do not have all supporting documentation at their appointments will NOT be recertified at that time. Another appointment will have to be scheduled. Clients should call to make their recertification appointment as soon as they receive notification. Appointment times fill quickly, and if you wait until the last week before your expiration date to call for an appointment, there may not be an available appointment time for you before your expiration date. If you have not had your appointment by the expiration date, your assistance will be terminated on that date.
12. Residency in Monroe County must be verified in writing, by a utility bill, lease, rent receipt or mail addressed to applicant at that address.
13. Identity must be verified by photo ID for applicant, and birth certificates for ALL children in the household, whether receiving services or not.
14. All income must be verified in writing, including any unearned income. Unearned income such as TANF and Food Stamps must be verified in writing by the Office of Family and Children. It is your responsibility to obtain this verification from your OFC caseworker.
15. Child support paid through the Clerk's Office must be verified by computer printout from the Clerk's Office or OFC. Check stubs are not acceptable.

16. Child support paid directly to the CCDF recipient by the child's absent parent must be verified by letter from the absent parent, listing all payments in the past 30 days. This includes all money paid for the benefit of the child.
17. School enrollment must be verified by a copy of the **official** enrollment form from the registrar's office, showing student's name and number of hours in class. Indiana University schedule printed from the internet is acceptable only if stamped with the IU logo by the registrar's office.
18. All child care providers are required to complete the provider information page of the CCDF 805 application. The client must take the provider information page(s) to their child care provider(s). The provider should review the information for accuracy, fill in any missing information, and sign and date it. It must be returned to our office within **10 CALENDAR DAYS**. **The voucher approval is conditional upon the return of the signed provider page. Failure to return the form within 10 days will result in the client's automatic termination from the CCDF program, and the client will be responsible to pay the provider for any care used. It is the client's responsibility as the recipient of services to see that the provider information page is signed by the provider and returned to our office.**
19. Failure to report changes in income/job, work, education, provider, TANF status, family change may result in termination from the program.

B. PROGRAM GUIDELINES

1. Parents receiving TANF assistance (formerly known as AFDC), or Applicant Job Search (AJS) must first go to their caseworker to see if they qualify for a referral to the child care voucher program. They may be eligible for IMPACT and should contact their caseworker. If they are not eligible for a referral from the Division of Family and Children, then they can make an appointment to complete an application, or be placed on the waiting list if there is no funding available.
2. ALL income and job changes and other changes of circumstances must be reported to our office **IMMEDIATELY (within 10 days)**.
3. If the parent is on a medical or injury leave of absence from work greater than 30 days, a doctor's statement indicating that s/he is unable to care for the child(ren) is required. This applies to maternity leave. If a parent goes on maternity leave, the parent must notify the office immediately. The parent must provide a statement from the doctor stating the reason for the medical leave and anticipated date of return to work, the reason the parent is unable to care for the children, and a letter from the employer guaranteeing that his/her job will be held. If the doctor's statement does not indicate that the parent is unable to care for the children, child care assistance may be put on Approved Leave. Child care assistance will be suspended during the time there is no service need, up to a maximum of 12 weeks.
4. Parents may change caregivers no more than three (3) times in a twelve-month period. A parent who makes the decision to change to a fourth provider in a twelve-month period may be terminated from the program.

5. To change providers the parents must come to Child Care Services, Community and Family Resources Department, Showers Building at 401 N. Morton Street, Suite 260, Bloomington, Indiana and complete a change of provider form **BEFORE** the child(ren) start attending the new provider. We may not back pay a provider if the parent did not inform our office BEFORE they take the child(ren) to the new provider. Provider changes must be effective on Sunday, not midweek. In addition, we cannot approve provider changes for less than a full week, Sunday through Saturday. If your regular provider is closed for one or two days and you take your child to a different provider for that time, you are responsible for payment to the secondary provider.
6. Full time care for non-school age children is 25 hours or more per week, Sunday through Saturday, or for school age children, 15 hours per week or more, and the provider will be reimbursed at a flat rate. For children enrolled in part time care, reimbursement will be made on a daily or hourly basis.
7. Provider must be at least 18 years of age.
8. Parents, stepparents, and legal guardians of an eligible child may not be reimbursed as providers of child care for their own children. A child's sibling living in the household also may not be reimbursed.
9. Reimbursement to the provider will be made by the State Central Reimbursement Office, not by City of Bloomington, Community & Family Resources Department. Our office cannot answer questions regarding payments to the provider.
10. If the family has a co-pay, that co-pay is assessed on only one child (usually the youngest child), and is due for the full week of care, regardless of the number of days the child attends. The co-pay is **NOT** optional. The provider is responsible for collecting the co-pay on a weekly basis. A family will be terminated from the program if the family does not pay the co-pay to the provider.
11. **Provider charges that exceed the local market rate are the responsibility of the parent.** In no case will the total subsidy for care be greater than the total weekly market rate.

C. PROVIDER MINIMUM STANDARDS

Any child care provider who receives CCDF voucher payments must comply with ALL of the health and safety standards listed below:

- The provider, any individual age 18 or older who resides in the facility or under age 18 and previously waived to adult court, as well as any employee or volunteer serving as a caregiver shall provide at the provider's expense a statewide limited criminal history check which documents that the individual has not been convicted of a felony and/or a misdemeanor related to the health or safety of a child and/or a misdemeanor for operating a child care center or home without a license. In addition, the provider shall maintain a written policy requiring the individual to report any criminal convictions to the provider.
- The provider, any individual age 18 or older who resides in the facility, and any employee or volunteer serving as a caregiver shall provide results of an intradermal tuberculosis test prior to residence or employment or volunteerism. The provider shall maintain annual

documentation from a physician reflecting the results of symptom screening for tuberculosis for any individual with a history of latent or active tuberculosis.

- The provider, any individual age 18 or older who resides in the facility, and any employee or volunteer serving as a caregiver shall provide, at the provider's expense, results of a drug test documenting that the individual is free of the presence of illegal controlled substances. Drug testing shall be required prior to employment or participation in addition to tests conducted on a random basis based on a protocol established or approved by the division. Additional drug testing may be required of an individual who is suspected of non-compliance. A provider who suspends an individual based on the results of a drug test, shall maintain a written policy for reinstatement following rehabilitation and drug testing results that are negative for a prohibited substance.
- The provider, any individual age 18 or older who resides in the facility, and any employee or volunteer serving as caregivers shall provide evidence that the individual has not been named as an alleged perpetrator under Indiana Code 31-33-17-6(7) Child Abuse and Neglect.
- The provider and any employee or volunteer serving as a caregiver shall maintain current certification in first aid. The provider shall assure that at least one adult annually certified in CPR for all age groups of children receiving care is present at all times when care is being provided.
- The provider shall have written plans for notifying parents of illness, serious injury, or death of a provider; care in an emergency and emergency evacuation plans that are posted in a conspicuous location.
- The provider shall provide a safe environment by ensuring firearms, ammunition, poisons, chemicals, bleach and cleaning materials are kept in an area inaccessible to the children in their care.
- The facility shall have at least one working telephone.
- The facility shall have hot and cold running water from an approved water source.
- The facility shall have two exits, other than windows, located on different sides of the facility that are not blocked and do not require passage through a garage or storage area where hazardous materials are stored and may be operated from the inside without the use of a key or any special knowledge. (This does not apply to a provider's facility where care was being provided and voucher payments were received prior to June 30, 2002.)
- The provider shall conduct monthly documented fire drills in accordance with the rules of the fire prevention and building safety commission.
- The facility shall have working smoke detection devices that are appropriately located.
- The facility shall maintain a two and one-half (2 ½) pound or greater ABC multiple purpose fire extinguisher on each floor of the facility with an additional extinguisher in the kitchen area.

- The provider shall maintain and annually update documentation of age appropriate immunizations for each child who is cared for in the facility.
- The provider shall maintain a written policy prohibiting the use of tobacco, unintended use of a toxic substance, use of alcohol (homes); use or possession of alcohol (centers and ministries); and use or possession of illegal substances, in the facility where child care is operated when child care is being provided.
- The provider shall ensure that a child in the provider's care is continually supervised (within sight and sound at all times) by the caregiver.

Reimbursement will not be made if these conditions are not met.

D. HOOSIER WORKS FOR CHILD CARE CARD

1. You will receive a Hoosier Works for Child Care card to access your benefits. Each day you must swipe your card in the POS (Point of Service) device to check your child in and out of the child care facility. If you do not use your card to record your child's time and attendance, your provider will NOT get paid by the State Central Reimbursement Office, and you will be required to pay the provider yourself.
2. It is preferable that you swipe your children in and out each day, but if you are unable to do so for any reason, you have 13 days to enter a Previous Check In and/or Previous Check Out.
3. If someone else drops off or picks up your child on a regular basis, this person may have a Hoosier Works for Child Care card on your account as your Authorized Representative. Only one Authorized Representative is permitted per family, so you should choose the person who does this most often. Please call our office at 812-349-3430 to make an appointment for you and your Authorized Representative to come in for issuance of the card. Your Authorized Representative must bring photo ID, watch the instructional video, and sign for the card. You must sign that you have approved this person to have a card on your account.
4. If someone other than you or your Authorized Representative drops off or picks up your child, you will be required to do a Previous Check In and/or Previous Check Out at a later time. You will have 13 days to do this.
5. Be careful with your card. Do not scratch the magnetic strip on the back of the card. Do not bend the card, get it wet, leave it in the sun, or place the card near magnets, TVs, stereos, VCRs or checkout scanners. If your card is lost or damaged, please contact our office for a replacement.
6. Your Personal Identification Number (PIN) is your electronic signature. Do not share your PIN with anyone.
7. Do not give or sell your card to anyone. Never loan your card to anyone. Do not leave your card or 16 digit account number or your PIN with your provider or anyone who works for your provider. If you violate these rules, the FSSA may cancel your benefits.

8. You may contact the State Client Help Desk (1-866-258-8808) if you have problems using your card.

E. ATTENDANCE / ABSENCES / HOLIDAYS / APPROVED LEAVE

1. Full-time care is defined as twenty-five (25) hours or more per week, Sunday through Saturday. Full-time care for *school-age children* is defined as fifteen (15) hours or more per week, Sunday through Saturday, *during the school year when school is in session*. During the school year when school is not in session, e.g. holidays, during summer when school is not in session, and for care provided when a parent works non-traditional hours any time during the calendar year, full-time care for school-age children is defined as twenty-five (25) hours or more per week. If the child attends daycare all 5 days during the week and the total is less than 25 hours, the provider will be reimbursed only half of the regular reimbursement rate, and the parent will be responsible to pay the other half.
2. When enrolled **full time**, each family is allowed twenty (20) personal days per child during their enrollment year for which reimbursement can be made if a child is absent. The personal days can be used for one or more of the following:
 - the illness or death of any family member;
 - the vacation of the parent from work; and
 - other traumatic experience that would cause a temporary disruption in the family's routine.

Please note exception: For children with special health care needs, the treating physician must document the child's needs for treatment and/or recuperation if the child is absent 2 weeks or more. This prescribed time may result in absences in excess of twenty (20) family days when the physician documents the need.

3. Personal days must be entered in the POS device with your swipe card within 13 days. You may not enter a personal day for a future date, even if you know your child will be absent that day. You must wait until after that date has passed. However, we recommend that you not enter a personal day in the POS device until the end of the week because if your child has attended the daycare facility 25 hours or more that week, the personal day may not be needed.
4. Personal days may be used only on days when the provider is open. They may not be used for snow days, training days, or when the provider is closed extra days before or after a holiday.
5. Personal days **may not** be used during school breaks (such as spring break and breaks between semesters) if the parent is a student and is not also employed. Approved leave will be established at that time (see below). If the parent wishes to use care during this time, he/she must pay for it out of pocket.
6. Personal days may not be used to provide two-week notice when the child is withdrawn from the provider's care. Any requirements that notice be given are between the parent and the provider.
7. For part-time children who are enrolled on a daily or hourly basis, reimbursement will be made only for the time the child is in attendance. There are no personal days or holidays.

HOLIDAYS

In addition to the above days allowed for absenteeism, payment can be made for up to six (6) days of care per eligible child, per year, (regardless of change in provider) when the child care center, child care home, or program is closed due to a holiday. This provision applies only if the center or home has a written policy to charge all consumers for days they are closed due to a holiday.

APPROVED LEAVE

Approved leave suspends services for a brief period of time in the following instances:

- a. Maternity leave
- b. Legal custody agreements
- c. FMLA (Family Medical Leave Act)
- d. High school parent summer break
- e. School break of less than four weeks

Leaves can be 1 – 12 weeks in duration. A child may resume services anytime during the approved leave period. The provider will not be paid during this time.

F. DENIAL / TERMINATION OF SERVICES OR INCREASED FEES

1. A family may be denied services or terminated from services for one of the following reasons:
 - income rises above 127% poverty for family size
 - not a or no longer a resident of Monroe County
 - expiration of period of subsidy eligibility
 - deliberate failure to report income/job, work, education, provider, TANF status/family change
 - misrepresented information on the application
 - failure to complete required CCDF enrollment paperwork
 - not employed or no longer in training/in education/in TANF IMPACT approved activity
 - child turns 13 (or 19 if special circumstances)
 - failure to pay family co-pay
 - co-pay exceeds weekly child care charge
 - CCDF fraud conviction
 - failure to reimburse in-home child care provider
 - welfare fraud conviction
 - failure to repay overpayment schedule
 - 60 days of claim inactivity on a voucher
 - more than 3 provider changes in a 12-month period
 - funds no longer available
2. The reason for denial must be determined within ten (10) calendar days of receiving a completed application with all required documentation, and must be communicated to the family in writing.

G. LOCAL APPEALS PROCEDURES

Child Care Services wants to know if we are serving our clients and service providers to the best of our ability. The only way that we can do this is to get feedback from you. The client/provider comment/appeals process has been established for parents and providers to raise general concerns or complaints about our services. We recognize that consumers of child care services have the right, under federal law, to have their suggestions and complaints addressed and we encourage our clients and providers to do so. Parents or service providers who wish to challenge an adverse action may use the client/provider comment/appeals process to resolve issues.

STEPS TO TAKE

1. Within 10 calendar days of receipt of termination letter, the parent must send written request for appeal to Child Care Services Manager, who has 5 calendar days to review the request and respond in writing.

The issue may be settled. But if it is not settled, GO TO STEP 2.

2. If the parent is not satisfied with the decision of the Child Care Services Manager, the parent must send written request for appeal to the Deputy Director of the Bureau of Child Development within 15 calendar days of receipt of the denial letter from the Child Care Services manager.

Deputy Director of the Bureau of Child Development
Attn: CCDF Appeals
402 W. Washington Street, W-386 MS02
Indianapolis, Indiana 46204-2739

The Deputy Director has 15 calendar days to review the request and respond in writing.

The issue may be settled, but if not, GO TO STEP 3.

3. If the parent is not satisfied with the decision of the Deputy Director, they have 15 calendar days from receipt of letter from the Deputy Director to submit a final written request for appeal to the:

Director of the Division of Family and Children
Attn: CCDF Appeals
402 W. Washington Street, W-3386 MS02
Indianapolis, Indiana 46204-2739

The Division Director of DFC has 15 calendar days to review the decision of the Deputy Director of the Bureau of Child Development and respond in writing. The decision of the Director of the Division of Family and Children is final.

All requests for appeals and responses must be in writing. If a family misses the timeline, the right to appeal is forfeited.

If a family appeals their termination, child care will not be reimbursed. However, if a finding is held in the family's favor, all child care during the appeals process will be paid retroactively at the rate that was determined prior to termination. All dates on responses by the state will be counted as sent on the date as postmarked.

This policy does not cover the procedures to be used by the Division of Family and Children in resolving child care licensing appeals. This statement to serve as a procedural guide only and does not confer any enforceable rights.

H. CHILD ABUSE DEFINITIONS

PHYSICAL ABUSE - is any non-accidental physical injury to a child caused by a parent or caregiver, which results in or threatens serious injury. Often, parents who physically abuse their children do not intend to seriously injure their children but get carried away by anger and frustration in their own lives. A child may also be considered physically abused if she/he is injured as the result of a parent's failure to take appropriate action to prevent injury.

Children who have been physically abused may have unexplained bruises or welts, burns, fractures, abdominal injuries or bite marks. These children may show fear of adults, inappropriate behaviors or be slow in their development.

Physical indicators include: bruises; lacerations; welts; lumps; bumps; unexplained fractures; burns - cigarette, immersion.

Emotional indicators include: child verbalizes abuse; fear of going home/punishment; unusually neat; overly mature; withdrawn.

NEGLECT - is the failure of a parent or guardian to provide a child with adequate food, clothing, shelter, medical care, education or supervision. Neglect is a chronic problem often resulting, not from poverty, but from lack of knowledge on the parent's part regarding proper care for children or household management.

Children who are neglected are constantly hungry or tired, grossly unclean, underweight or abandoned. Neglected children may suffer delays or retardation in their growth and development due to the lack of good nutrition, sleep and medical care. Children who are not supervised may injure themselves, start a fire, wander away from home, or otherwise come to some harm.

Physical indicators include: underweight; dark circles under eyes; inappropriately dressed; gross uncleanliness; immature physical development.

Behavioral indicators include: consistent fatigue; consistent hunger/voracious appetite; absenteeism; inappropriate seeking of affection; begging for food/leftovers.

SEXUAL ABUSE - is generally defined as any physical contact with a child by an adult or older child

in a position of power over the child for the sexual gratification of the adult or older child. Other terms for child sexual abuse include child exploitation, child molesting, incest (if the abuser is a member of the child's family) or child pornography. Usually, child sexual abuse is not violent; and the child knows the abuser.

There are rarely clear physical signs of sexual abuse. Some behavioral signs of child sexual abuse may be abrupt changes in usual behavior, nightmares, bed-wetting, sudden fear of a person or place or increased sexual behavior.

Physical indicators include: any venereal disease; pregnancy; foreign matters in genitals; bruised or dilated genitals; recurrent urinary tract infections; difficulty/pain walking.

Behavioral indicators include: seductive behavior; artwork depicts sexual themes; self destructive behavior (suicide); sleep disorders; running away; prostitution.

EMOTIONAL ABUSE An important factor in all of the above types of maltreatment of children is the emotional abuse of the child. To be hurt so much by someone who should care and protect is very damaging to the emotional development of a child. Even adults who do not physically harm a child may cause emotional harm to a child with their words — words that threaten, harshly criticize, ridicule or harass.

Behavioral indicators include: hyperactivity; severely withdrawn; fire setting; psychosomatic illness/hypochondria; overly submissive/apathetic; unable to make decisions; sado masochistic behavior toward animals and other children; obesity; destructive; daydreams; prefers fantasy over reality; speech disorders (stammers/stutters); habits (head banging/hair pulling/rocking); verbalizes self worthlessness; self hate.

****Information taken from a brochure from the Indiana State Department of Public Welfare, Child Welfare Social Services Division, 141 S Meridian Street, 6th Floor, Indianapolis, IN 46225.**

I. CHILD PROTECTIVE SERVICES

The Monroe County Child Protective Services telephone number is (812) 336-6641. Their offices are located at Monroe County Division of Family and children at 401 East Miller Drive, Bloomington, IN 47401. The Child Protection Service is the program of the Monroe County Division of Family & Children which investigates situations reported as abusive or neglectful to children. An assessment is made of the child and family to determine whether in fact the child has been abused or neglected and whether the child remains at risk. Services are always offered to help strengthen the family and to help remedy the problems which caused the abuse/neglect.

J. REPORTING CHILD ABUSE AND NEGLECT:

Anyone who knows or suspects that a child may be abused or neglected **MUST** report to the local Child Protective Services or law enforcement agency. This includes doctors, nurses, teachers, clergy, neighbors, relatives, and **YOU**.

Call may be made 24 hours a day, 365 days a year. The Monroe County telephone number for Child Protection Services is (812) 336-6641.

REMEMBER - you must report any known or suspected abuse - it's the law!

K. CHILD CARE RESOURCE AND REFERRAL SERVICE

The Child Care Resource and Referral Agency for Monroe County is located at Childhood Connections, 1531 13th Street, Suite 1100, Columbus, Indiana 47201. The toll free telephone number is 1-866-693-0672. This agency can assist you with finding child care. The *Monroe County Child Care and Referral Easy Reference Guide* is available on the Internet at <http://www.bloomington.in.gov/cfrd/child-care/php>.

L. POLICY CLARIFICATION

DISABLED VETERAN INCOME

Disability payments are considered income and are used to determine a family's financial eligibility. This includes monthly social security (SS) and supplemental security income (SSI) payments of any child or adult in the family who receives a check. The government may also provide a monthly stipend to an injured veteran to retrain the veteran so he or she can return to the work force. The stipend (Chapter 31 Voc Rehab) is also considered income. Chapter 31 Voc Rehab is a government subsidy available to veterans for up to 48 months while the veteran is unemployed and in school or a training program. It is not for tuition or books.

DRUG REHABILITATION PROGRAMS

If a parent is an IMPACT client, and drug treatment is authorized as an approved activity for that person as job readiness, time spent in a drug rehabilitation program may qualify as a child care service need. This does not apply to non-IMPACT clients.

ENROLLMENT FEES

The child care subsidy program will not pay for enrollment, supply, transportation, or activity fees. The subsidy is used only for child care and can not be used for these fees. We realize that this may place a hardship on the family, but the family can ask their provider to waive, reduce, or allow the family to set up a payment plan for these fees.

FOSTER CARE

Children in foster care are considered separate families. Only income received for the individual foster child (TANF-AFDC) is considered income. Other foster child income could include social security (SS) or supplemental security income (SSI). The foster care stipend and foster parent incomes are not considered when determining financial eligibility. However, the foster parent does need to demonstrate a service need. Documentation is required that this is a foster care

situation by copying the foster parent's Foster Family Home License. Children in foster care are considered a family size of one. Family size could change if more than one child from the same family is in foster care.

If the foster family needs child care for their own biological children, the stipend they receive for the foster child(ren) does not count in determining the family income. Foster children are not counted in determining family size. However, for foster families to be considered for child care subsidy, there must be a service need for child care. Volunteering does not count as a service need.

MATERNITY LEAVE

To continue receiving child care subsidy while the mother is on maternity leave, a client must have a doctor's statement including the dates the client is unable to work, why she is unable to care for her children, and a letter from her employer stating that her job will be available to her at the end of the leave period. If the doctor's statement indicates that the mother is able to care for her children, services will be placed on Approved Leave. No payments will be made to the child care provider during this time. However, at the end of the maternity leave, the subsidy will be reinstated.

MEDICAL LEAVE OF ABSENCE

To continue receiving child care subsidy while a parent is on a medical leave of absence, the parent must have a doctor's statement stating that the parent is unable to care for the child(ren) and including the dates the doctor is authorizing for the medical leave of absence, and a statement from the parent's employer that their job will be available at the end of the leave period. If the doctor's statement indicates that the parent is able to care for his/her children, services may be placed on Approved Leave. No payments will be made to the child care provider during this time. However, at the end of the medical leave, the subsidy will be reinstated.

PARENT(S) AND CHILD(REN) LIVING WITH OTHERS

When more than one family live in a household, income eligibility is determined for each individual family, not the total income of the household. EXAMPLE: Parent and child live with grandparent. The parent and child are considered a family unit of two. Grandparent is separate family unit. The parent and child income is separate from grandparent income.

PARENTS LIVING TOGETHER WHO ARE NOT MARRIED

If both parents are living in the household, both incomes are used to determine eligibility. If one parent is not working, there is no child care service need. The non working parent can care for the child(ren). No child care subsidy will be paid to a parent to care for their own child(ren).

PARENT(S) WHO HAVE ABANDONED THEIR CHILD(REN)

When a parent or both parents are absent, the income and service need of the family who has actual physical custody and is caring for the child(ren) is used to determine financial eligibility and service need for child care. In some cases legal custody will not be established.

SELF EMPLOYED INCOME

Gross income minus qualifying expenses will be used to determine financial eligibility. This eligibility determination will be done on a case-by-case basis. IRS federal income tax returns, quarterly payroll tax returns, and income and expense statements showing hours worked will be required.

SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, AND DISABILITY

Disability payments are considered income and are used to determine a family's financial eligibility. This includes monthly social security (SS) and supplemental security income (SSI) payments of any child or adult in the family who receives a check.

I have received a copy of the Monroe County Child Care Assistance Program Family Handbook.

I understand that:

- the policies and procedures contained in the handbook are defined at the State level and are subject to change.
- if I have any questions regarding the handbook, I may contact Child Care Services at 349-3430.

Signature

Date